CRAFT Complaints Industry User Manual

CRAFT

Complaint, Rate and Form Tracking System

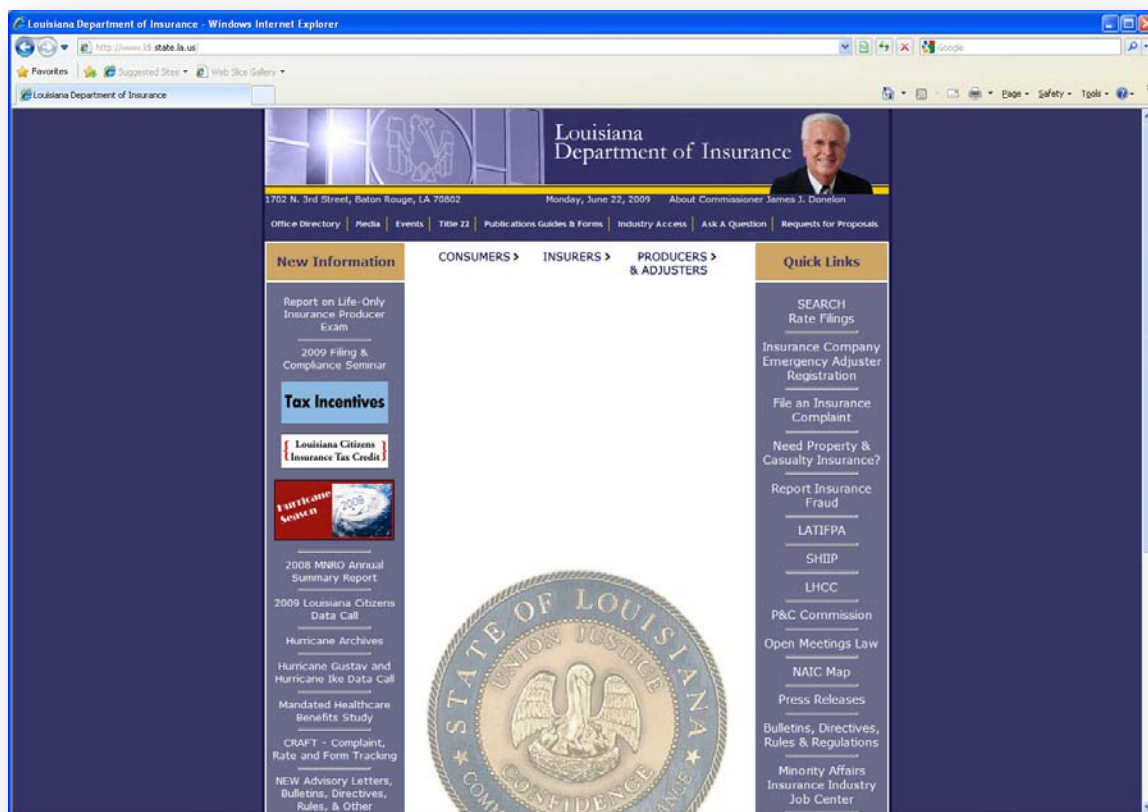**Louisiana Department of Insurance**

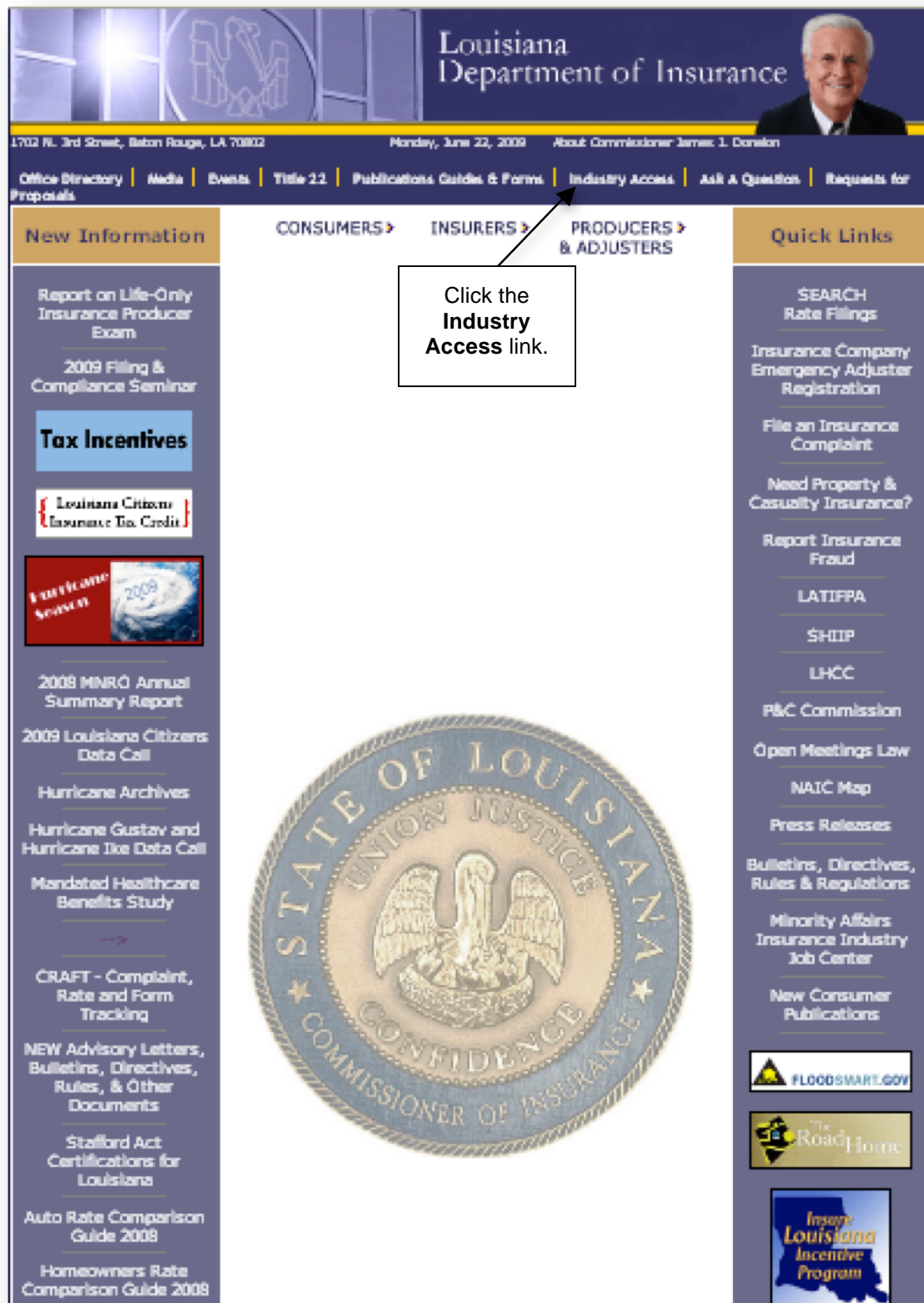# Table of Contents

Accessing CRAFT

1. Open Internet Explorer 7.

   NOTE: For maximum efficiency we recommend that you use Internet Explorer version 7 (or 6). Visit Microsoft's website to download the latest version of Internet Explorer.

2. Browse to http://ldi.louisiana.gov/.

3. Click the **Industry Access** link.

Click the **Industry Access** link.

4. Enter your **Email Address** and **Password** in the appropriate boxes.

5. Click **Login**.

NOTE: If you do not have an Industry Access account, you can create one by completing the **Sign Up** screen. Click the **Sign Up** link to access the screen. Fields marked with a red arrow are required and must be filled out.

6. On the **Industry Access Home** page, click the **Modules** link.

7. Click the *CRAFT Complaints* link.
8. The **CRAFT Industry Portal** page will appear.

The CRAFT Industry Portal

The **CRAFT Industry Portal** page consists of four parts: the **Company Title and User Name**, the **Navigation Links**, the **Navigation Icons** and the **Main Body**. On the **Welcome** page, it displays the welcome message and Department contact information.

NOTE: Navigation Links and **Navigation Icons** are controlled by your company's Industry Access Account Administrator. If you do not have access to specific areas of the **CRAFT Industry Portal** page, the links will not be visible.

The following is an overview of the **CRAFT Industry Portal** page:

Louisiana Department of Insurance
CRAFT Industry Portal

This is a Test Company
Test, Bob

P&C Rates   Complaints   Forms

Return to Industry Access | P & C Rates | Complaints | Forms | View Another Company

Welcome to the CRAFT Industry Portal. Please select an item from the menu above.

Complaint, Rate and Form Tracking System (CRAFT)

Policy Form, Rate and Rule Filing Submissions

Welcome to CRAFT, an electronic filing system designed to provide everything needed to respond to a complaint or produce approvable form, rate, and rule filings. We hope you find CRAFT intuitive and easy to use. However, if you need help, contact the specific department for which your form, rate, or rule filing is being submitted.

Office of Health Insurance

For Major Medical, Hospital Surgical Medical Expense, or Health Maintenance Organization filings please contact:

Carolyn C. Schwendimann
Insurance Compliance Examiner 3
Quality Management Insurance Contracts and Forms
Office of Health Insurance
(225) 219-9344
E-Mail: cschwendimann@ldi.state.la.us

For Medicare Supplement and Medicare Select filings please contact:

Jason Sloper
Insurance Compliance Examiner 2
Supplemental Health Products Division
Office of Health Insurance
(225) 219-9926
E-Mail: jsloper@ldi.state.la.us

For all other limited / supplemental product lines, which include but are not limited to, Dental, Vision, Hospital Indemnity, Disability, Accident Only, Specified Disease, etc. please contact:

Jerri McClendon
Insurance Compliance Examiner 2
Supplemental Health Products Division
Office of Health Insurance
(225) 219-9526
E-Mail: jmcclendon@ldi.state.la.us

Office of Life & Annuity Insurance

Telephone: (225) 342-1226
E-Mail: la@ldi.state.la.us

Office of Property & Casualty Insurance

Policy Forms Division /
Office of Consumer Affairs
Telephone: (225) 342-1258
E-Mail: pc@ldi.state.la.us

Rating Division
Telephone: (225) 342-5203
E-Mail: pc@ldi.state.la.us

Our Product Filing Matrix is also a very useful tool for browsing products; locating products and product definitions; reviewing statutes, regulations, directives, bulletins, and other legal references; and instructions and an array of information pertaining to policy form and rate filings. Product Filing Matrix can be accessed through the following link: http://www.ldi.state.la.us/PFM/index.htm

The Company Title and User Name

The **Company Title and User Name** are displayed in the upper left corner of the **CRAFT Industry Portal** page.

This is a Test Company
Test, Bob

Company Title displays the name of the company that you are logged in for.

User Name displays the name of the user that is logged in.

The Navigation Links

The **Navigation Links** allow you to access all areas of the portal that you have access to. Every user is allowed to view and click the **Return to Industry Access** and **Logout** links.

Return to Industry Access | **P & C Rates** | **Complaints** | **Forms** | **Logout**

The **Return to Industry Access** link brings you back to the **Industry Access** main menu.

NOTE: The **Return to Industry Access** link does not log you out of CRAFT. Click the **Logout** link to log out of CRAFT.

The **P &C Rates** link brings you to the **P & C Rates** page. This link will only be available if your Industry Access Account Administrator has given you access. For more information on the **P & C Rates** page, see the **CRAFT P & C Rates User Manual**.

The **Complaints** link brings you to the **Complaints** page. This link will only be available if your Industry Access Account Administrator has given you access. The **Complaints** page is outlined in the following sections.

The **Forms** link brings you to the **Forms** page. This link will only be available if your Industry Access Account Administrator has given you access. For more information on the **Forms** page, see the **CRAFT Forms User Manual**.

The **Logout** link logs you out of CRAFT and Industry Access. Use this link when you are finished before closing Internet Explorer.

The Navigation Icons

The **Navigation Icons** allow you to access all areas of the portal to that you have access to. These icons will only be available if your Industry Access Account Administrator has given you equivalent permission.


The **P & C Rates** icon brings you to the **P & C Rates** page. This link will only be available if your Industry Access Account Administrator has given you access. For more information on the **P & C Rates** page, see the **CRAFT P & C Rates User Manual**.

The **Complaints** icon brings you to the **Complaints** page. This link will only be available if your Industry Access Account Administrator has given you access. The **Complaints** page is outlined in the following sections.

The **Forms** icon brings you to the **Forms** page. This link will only be available if your Industry Access Account Administrator has given you access. For more information on the **Forms** page, see the **CRAFT Forms User Manual**.

The Main Body

The **Main Body** is directly beneath the **Navigation Links** and **Navigation Icons** area and will change depending on what part of the system you are in.
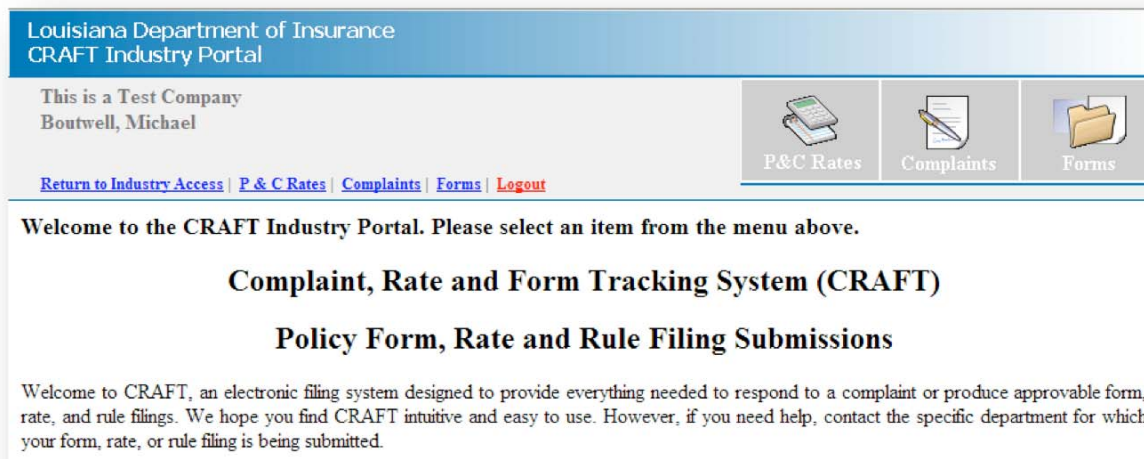
Accessing Complaints

1. On the **CRAFT Industry Portal** page, click the **Complaints** icon.
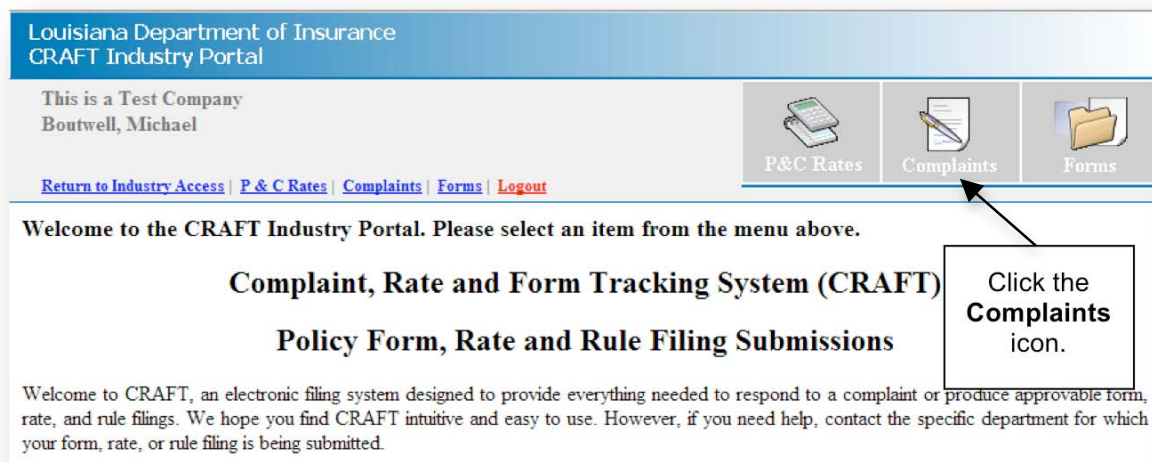
The **Complaints** page will appear.

The Complaints page

The Complaints page consists of three tabs: **Outstanding Complaints**, **View Complaint**, and **Search/History**. When the page first appears, the **Outstanding Complaints** tab will be selected.

The Outstanding Complaints tab

The **Outstanding Complaints** tab displays all open and pending complaints against the company you have accessed by the Company's ID.

To filter complaints by ID, enter a complaint ID in the **Filter by ID** box and click the **Filter** button.

To reset your filter and view all outstanding complaints, click the **Reset** button.

The **Main Body** of the **Outstanding Complaints** tab displays a table with the following fields:

Field	Meaning
ID	*Read-Only.* Displays a unique identification number for a complaint.
Legacy ID	*Read-Only.* Displays a unique identification number for complaints that have been entered before July 1, 2007.
Disposition	*Read-Only.* Displays the categorization of a closed complaint. **NOTE**: Options vary depending on the **Division** selected.
Status	*Read-Only.* Displays the status of the complaint. Available statuses for this page are: • Open • Pending
Filer Name	*Read-Only.* Displays the name of the individual that submitted the complaint.
Insured Name	*Read-Only.* Displays the name of the individual that holds the insurance policy.
Date Filed	*Read-Only.* Displays the date that the complaint was submitted.
Recur Date	*Read-Only.* Displays the date that the company needs to submit a response to the complaint by. **NOTE**: The number of days remaining to respond to a complaint will display in green. If a complaint has not been responded to, the number of days that it is overdue will be displayed in red beneath the date.
View	Click to navigate to the **View Complaint** tab, where all details and attachments of a complaint will be available.
Quick View	Click to access a printable snapshot version of the complaint in a separate browser window.

The View Complaint tab

The **View Complaint** tab will display detail information on the complaint recently selected from the outstanding complaint tab. To access the **View Complaint** tab and search for a complaint by the **Complaint ID**, click the **View Complaint** tab. To access the **View Complaint** tab for a specific complaint, click the **View** link on the **Outstanding Complaints** tab or select a complaint from your search results on the **Search/History** tab.

The **Main Body** of the **View Complaint** tab displays a **Complaint ID** field, a **View Printer Friendly Version** link, and sub-tabs containing information about the complaint.

The **Complaint ID** field is read-only and displays the **Complaint ID** number of your selected complaint.

Click the **View Printer Friendly Version** link to access a printable snapshot version of the complaint in a separate browser window.

Each sub-tab allows you to view information about the complaint. When the **View Complaint** page appears, the **Complaint Info** sub-tab is automatically displayed.

The Complaint Info sub-tab

The **Complaint Info** sub-tab displays general information about the complaint in read-only format.

The following information can be displayed on the **Complaint Info** sub-tab:

Field	Meaning
Division	**Read-Only.** Displays the area of the Department of Insurance that receives the complaint. Options are: • Health • Life/Annuity/Long Term Care • Property & Casualty
Assigned Examiner(s)	**Read-Only.** Displays the name of the examiner(s) that will be investigating the complaint.
Submission Method	**Read-Only.** Displays the method by which the complaint was submitted. Options are: • Walk-in • Online • Paper • Phone
Date Received	**Read-Only.** Displays the date that the complaint was received by the Department of Insurance.
Recur Date	**Read-Only.** Displays the date that the company needs to submit a response.
Status	**Read-Only.** Displays the status of the complaint: • Pending • Closed
Status Condition	**Read-Only.** Displays more details about the status of the complaint.
Disposition	**Read-Only.** Displays the categorization of the closed complaint. **NOTE**: Options vary depending on the **Division** selected.
Is this complaint disaster related?	Identifies if a complaint is related to a disaster. Options are: • Yes • No
Coverage Type	**Read-Only.** Displays the type of insurance coverage. **NOTE**: Options vary depending on the **Division** selected.
Date of Loss	**Read-Only.** Displays the date of loss.

The Submitter sub-tab

The **Submitter** sub-tab displays general information about the individual who submitted the complaint in read-only format.

The following information can be displayed on the **Submitter** sub-tab:

Field	Meaning
Submitter Type	*Read-Only.* Displays the type of individual that submitted the complaint. Options are: • Insured • Third Party • Beneficiary • Producer • Insurance Company • Attorney • Government Official • Departmental Investigation • Commissioner Referred
Prefix	*Read-Only.* Displays the prefix of the submitter's name. For example, Mr. Mrs., Dr.
First Name	*Read-Only.* Displays the first name of the submitter.
Middle Name	*Read-Only.* Displays the Middle name of the submitter.
Last Name	*Read-Only.* Displays the last name of the submitter.
Suffix	*Read-Only.* Displays the suffix of the submitter's name. For example, Jr. or IV.
Address 1	*Read-Only.* Displays the first line of the submitter's address.
Address 2	Displays the second line of the submitter's address, if applicable.
City	*Read-Only.* Displays the city of the submitter's address.
State	*Read-Only.* Displays the state of the submitter's address.
Zip	*Read-Only.* Displays the zip code/postal code of the submitter's address.
Email	*Read-Only.* Displays the submitter's email address.
Home Phone	*Read-Only.* Displays the submitter's home phone number.
Work Phone	*Read-Only.* Displays the submitter's work phone number.
Cell Phone	*Read-Only.* Displays the submitter's cell phone number.
Emergency Phone	*Read-Only.* Displays the submitter's emergency contact number.

The Insured sub-tab

The **Insured** sub-tab displays general information about the individual listed on the insurance policy in read-only format.

The following information can be displayed on the **Insured** sub-tab:

Field	Meaning
Prefix	***Read-Only.*** Displays the prefix of the insured's name. For example, Mr. Mrs., Dr.
First Name	***Read-Only.*** Displays the first name or company name of the insured.
Middle Name	***Read-Only.*** Displays the middle name of the insured.
Last Name	***Read-Only.*** Displays the last name of the insured.
Suffix	***Read-Only.*** Displays the suffix of the insured's name. For example, Jr. or IV.
Address 1	***Read-Only.*** Displays the first line of the insured's address.
Address 2	***Read-Only.*** Displays the second line of the insured's address, if applicable.
City	***Read-Only.*** Displays the city of the insured's address.
State	***Read-Only.*** Displays the state of the insured's address.
Zip	***Read-Only.*** Displays the zip code/postal code of the insured's address.
Email	***Read-Only.*** Displays the insured's email address.
Home Phone	***Read-Only.*** Displays the insured's home phone number.
Work Phone	***Read-Only.*** Displays the insured's work phone number.
Cell Phone	***Read-Only.*** Displays the insured's cell phone number.
Emergency Phone	***Read-Only.*** Displays the insured's emergency contact number.
Consumer Date of Birth	***Read-Only.*** Displays the birth date for the individual that holds the insurance policy.
Age Group	***Read-Only.*** Displays the Age Group to which the individual belongs. Options are: • Under 25 • 25-49 • 50-64 • 65+

The Insurance Info sub-tab

The **Insurance Info** sub-tab displays general information.

The following information can be displayed on the **Insurance Info** sub-tab:

Field	Meaning
Company	***Read-Only.*** Displays the name of the individual's insurance company. **NOTE:** This will be the company name that you are logged in under.
Employer Name	***Read-Only.*** Displays the name of the employer if the insurance policy is through the employer.
Policy Number	***Read-Only.*** Displays the number of the individual's insurance policy.
Claim Number	***Read-Only.*** Displays the number associated with the claim.
Consumer Has Attorney Representation?	***Read-Only.*** Indicates if the individual is represented by an attorney for the incident of the complaint. Options are: • Yes • No
Court Action Pending?	***Read-Only.*** Indicates if the individual is awaiting court action for the incident of the complaint. Options are: • Yes • No
Complaint Previously Reported?	***Read-Only.*** Indicates if the individual reported the complaint at an earlier time to the Department of Insurance. Options are: • Yes • No
Previously Reported To	***Read-Only.*** Displays the name of the individual to which the complaint had been reported.

The Producer sub-tab

The **Producer** sub-tab displays general information about the producer that sold the insurance policy associated with the complaint in read-only format.

The following information can be displayed on the **Producer** sub-tab:

Field	Meaning
License Number	*Read-Only.* Displays the license number of the producer.
NPN	*Read-Only.* Displays the National Producer Number of the producer.
Last Name	*Read-Only.* Displays the last name of the producer.
First Name	*Read-Only.* Displays the first name of the producer.
Middle Name	*Read-Only.* Displays the middle name of the producer.
Suffix	*Read-Only.* Displays the suffix of the producer's name. For example, Jr. or IV.
Address 1	*Read-Only.* Displays the first line of the producer's address.
Address 2	*Read-Only.* Displays the second line of the producer's address, if applicable.
City	*Read-Only.* Displays the city of the producer's address.
State	*Read-Only.* Displays the state of the producer's address.
Zip	*Read-Only.* Displays the zip code/postal code of the producer's address.
Email	*Read-Only.* Displays the producer's email address.
Home Phone	*Read-Only.* Displays the producer's home phone number.
Work Phone	*Read-Only.* Displays the producer's work phone number.
Cell Phone	*Read-Only.* Displays the producer's cell phone number.
Emergency Phone	*Read-Only.* Displays the producer's emergency contact number.

The Adjuster sub-tab

If applicable, the **Adjuster** sub-tab displays general information about the insured's adjuster in a read-only format.

The following information can be displayed on the **Adjuster** sub-tab:

Field	Meaning
Adjuster Type	*Read-Only.* Displays the type of adjuster.
License Number	*Read-Only.* Displays the license number of the adjuster.
NPN	*Read-Only.* Displays the **National Producer Number** of the adjuster.
Last Name	*Read-Only.* Displays the last name of the adjuster.
First Name	*Read-Only.* Displays the first name of the adjuster.
Middle Name	*Read-Only.* Displays the middle name of the adjuster.
Suffix	*Read-Only.* Displays the suffix of the adjuster's name. For example, Jr. or IV.
Company	*Read-Only.* Displays the name of the company that the adjuster is affiliated with.
Address 1	*Read-Only.* Displays the first line of the adjuster's address.
Address 2	*Read-Only.* Displays the second line of the adjuster's address, if applicable.
City	*Read-Only.* Displays the city of the adjuster's address.
State	*Read-Only.* Displays the state of the adjuster's address from the drop-down box.
Zip	*Read-Only.* Displays the zip code/postal code of the adjuster's address.
Phone	*Read-Only.* Displays the adjuster's phone number.

The Misc sub-tab

If applicable, the **Misc** sub-tab displays additional information about the insured in a read-only format.

The following information can be displayed on the **Misc** sub-tab:

Field	Meaning
Employed as Emergency Worker	*Read-Only.* Displays whether or not the individual is employed as an emergency worker. Options are: • Yes • No
Has seen Adjuster	*Read-Only.* Displays whether or not the individual has seen an adjuster about the complaint. Options are: • Yes • No
ALE Received or Expected	*Read-Only.* Displays whether or not the individual has received or expects to receive an ALE. Options are: • Yes • No
Special Needs or Medical Condition	*Read-Only.* Displays whether or not the individual has special needs or a medical condition. Options are: • Yes • No
Unsanitary or Unsafe Condition	*Read-Only.* Displays whether or not the complaint is associated with an unsanitary or unsafe condition. Options are: • Yes • No
Irreparable Weather Intrusion	*Read-Only.* Displays whether or not the complaint is associated with an irreparable weather intrusion. Options are: • Yes • No

The Description sub-tab

The **Description** sub-tab displays the **Complaint Description** and **Fair Resolution** entered free-form by the individual submitting the complaint on-line in read-only format.

Complaints submitted in paper format will contain a brief synopsis entered by DOI staff. To view the paper complaint submitted, see the **Attachment Tab.**

The following information can be displayed on the **Description** sub-tab:

Field	Meaning
Complaint Description	*Read-Only.* Displays the description of the complaint entered by the individual that submitted the complaint.
Complaint Resolution	*Read-Only.* Displays how the individual submitting the complaint would like the complaint to be resolved.

The Correspondence sub-tab

The **Correspondence** sub-tab displays and allows you to enter any correspondence associated with the complaint.

The **Correspondence** sub-tab consists of the **Add Correspondence** link, a **Print** button, and the **Correspondence** group box.

The **Add Correspondence** link allows you to enter **Correspondence Text** and **Attachments**. For more information see the **Adding Correspondence** section below.

Click the **Print** button to access a printable version of all the correspondence in a separate browser window and the **Printer** dialog box.

The **Correspondence** group box displays the **Date** and **Time** the correspondence was entered, the **Individual** that entered the correspondence and the **Company** the individual was signed in under, the **Text** of the correspondence, and any associated **Attachments**.

To Add a Correspondence

1. Click the **Add Correspondence** link to log any correspondence associated with the complaint.

2. A text editor dialog box will appear.
3. Type your response in the text editor dialog box.

NOTE: The response correspondence can be attached and not typed in the text editor dialogue box.

4. Use the text editing toolbar to format your response.

NOTE: A Spellchecker is one of the tools provided.

5. Scroll down to the **Add Attachments** area.
6. Click the **Select** button to add any related attachments to the correspondence.

7. The **Choose file** dialog box will appear.
8. Browse to the file that you want to attach.
9. Select your file.
10. Click **Open**.

NOTE: You may attach up to four files to correspondence. Repeat steps 6-10 to add additional attachments.

11. Click **Submit**.

12. Your response is complete and will display in the **Correspondence** group box.

NOTE: The complaint will no longer appear in your **Outstanding Complaints** tab. If the department requires further follow up information from your company, you will be notified via email and the complaint will reappear in your **Outstanding Complaints** tab.

The Attachments sub-tab

The **Attachments** sub-tab displays supporting documentation for the complaint. Attachments displayed on this tab are added by the individual submitting the complaint or the Department of Insurance.

The following information can be displayed on the **Attachments** sub-tab:

Field	Meaning
Attachment Name Link	Click to display the attachment.
Attached By	*Read-Only.* Displays the name of the individual that attached the complaint.
Date Attached	*Read-Only.* Displays the date and time that the attachment was added to the complaint.

The PDF sub-tab

The **PDF** sub-tab allows you to select complaint information to export in PDF format.

The **PDF** sub-tab loads with four buttons and an outline of complaint information. When the **PDF** sub-tab displays, all items in the outline are selected for PDF export.

Click the **Refresh** button to clear all of your selections and return the outline to the default state where all items are selected.

Click the **Select All** button to select all items in the outline.

Click the **Select None** button to deselect all items.

Click the **Create PDF** button to export all your selections to PDF format.

NOTE: Non-PDF attachments will not be included in the file generated by the system.
In the outline, you can select the checkbox next to any item to include it in the PDF export. Deselect the checkbox for any item that you do not want included.

NOTE: To view a PDF, download the latest viewer from Adobe's website.

The Search/History tab

The **Search/History** tab allows you to search for complaints against your company by entering criteria into the appropriate field.

The **Main Body** of the **Search/History** tab displays the **Search Criteria** organized by sub-tabs, the **Search Clear** box, and the **Search Results** footer.

By default, **Search Criteria** displays all sub-tabs. Click to hide the sub-tabs and display only the **Search Results** footer. Each sub-tab allows you to enter specific search information to locate a complaint. When the **Search/History** page appears, the **Complaint Info** sub-tab is selected.

The **Search Clear** box contains two buttons. Click the **Search** button to begin searching for complaints that meet your criteria. Click the **Clear** button to erase all search criteria and prepare the page for a new search.

The **Search Results** footer displays links to all the pages that meet your search criteria. Click the **New Search** button to erase all search criteria and prepare the page for a new search.

NOTE: It is not necessary to fill out all the search criteria for a search to be effective.

The Complaint Info sub-tab

The **Complaint Info** sub-tab allows you to enter general search information about a complaint.

The following information can be entered on the **Complaint Info** sub-tab:

Field	Meaning
Id	Enter an identification number.
Legacy Complaint Number	Enter an identification number for complaints that have been entered before July 1, 2007.
Date Submitted	Select the search criteria for the date the complaint was submitted from the drop-down box. Options are: • Date Range • Specific Date • Year The date selector tool will change depending on your date search criteria. Select a date or date range.
Division	Select the area of the Department of Insurance that receives the complaint from the drop-down box. Options are: • Health • Life/Annuity/Long Term Care • Property & Casualty
Filing Method	Select the method used to file the complaint from the drop-down box. Options are: • Walk-in • Online • Paper • Phone
Status	Select a complaint status from the drop-down box. Options are: • Pending • Closed
Status Condition	Select a status condition from the drop-down box. **NOTE**: This field will only be available once a **Status** is selected. Options vary depending on the **Status** selected.
Date Closed	Select the search criteria for the date that the complaint was closed from the drop-down box. Options are: • Date Range • Specific Date • Year The date selector tool will change depending on your date search criteria. Select a date or date range.
Recur Date	Select the search criteria for the date that the company needs to submit correspondence by from the drop-down box. Options are: • Date Range • Specific Date • Year The date selector tool will change depending on your date

	search criteria. Select a date or date range.
Disposition	This field will only be available once a **Division** is selected. Options vary depending on the **Division** selected.
Recovery Amount	This field will only be available once a **Division** is selected. Options vary depending on the **Division** selected.
Interest Amount	This field will only be available once a **Division** is selected. Options vary depending on the **Division** selected.
Coverage Type	Select the type of insurance coverage from the drop-down box. **NOTE**: Options vary depending on the **Division** selected.
Consumer Complaint Reason	Displays more details about the status of the complaint. Select the reason why the consumer submitted the complaint from the drop-down box. Options are: • Claim Denial • Claim Delay • Unfair Offer/Payment • Premium Problem • Premium Refund • Producer Handling • Other
Complaint Reason	Select a reason/reason code for the complaint. **NOTE**: Options vary depending on the **Division** selected.
Date of Loss	Enter the date of loss. Options are: • Date Range • Specific Date • Year The date selector tool will change depending on your date search criteria. Select a date or date range.
Disaster complaints only	Select the checkbox to restrict your search results to only disaster-related complaints.
Disaster Name	Select the name of the disaster that the complaint is related to. Options are: • Katrina • Rita

The Submitter sub-tab

The **Submitter** sub-tab allows you to enter general search information about the individual that submitted the complaint.

The following information can be entered on the **Submitter** sub-tab:

Field	Meaning
Submitter Type	Select the type of individual that submitted the complaint from the drop-down box. Options are: • Insured • Third Party • Beneficiary • Producer • Insurance Company • Attorney • Government Official • Departmental Investigation • Commissioner Referred
Prefix	Select the prefix of the submitter's name. For example, Mr. Mrs., Dr.
First Name	Enter the first name of the submitter.
Middle Name	Enter the middle name of the submitter.
Last Name	Enter the last name of the submitter.
Suffix	Enter the suffix of the submitter's name. For example, Jr. or IV.
Address 1	Enter the first line of the submitter's address.
Address 2	Enter the second line of the submitter's address, if applicable.
City	Enter the city of the submitter's address.
State	Select the state of the submitter's address from the drop-down box.
Zip	Enter the zip code/postal code of the submitter's address.
Email	Enter the submitter's email address.
Home Phone	Enter the submitter's home phone number.
Work Phone	Enter the submitter's work phone number.
Cell Phone	Enter the submitter's cell phone number.
Emergency Phone	Enter the submitter's emergency contact number.

The Insured sub-tab

The **Insured** sub-tab allows you to enter general search information about the individual that holds the insurance policy.

The following information can be entered on the **Insured** sub-tab:

Field	Meaning
Organization	Enter the name of the organization that the insured belongs to.
Prefix	Enter the prefix of the insured's name. For example, Mr. Mrs., Dr.
First Name	Enter the first name or company name of the insured.
Middle Name	Enter the middle name of the insured.
Last Name	Enter the last name of the insured.
Suffix	Enter the suffix of the insured's name. For example, Jr. or IV.
Address 1	Enter the first line of the insured's address.
Address 2	Enter the second line of the insured's address, if applicable.
City	Enter the city of the insured's address.
State	Select the state of the insured's address from the drop-down box.
Zip	Enter the zip code/postal code of the insured's address.
Email	Enter the insured's email address.
Home Phone	Enter the insured's home phone number.
Work Phone	Enter the insured's work phone number.
Cell Phone	Enter the insured's cell phone number.
Emergency Phone	Enter the insured's emergency contact number.
SSN	Enter the insured's social security number.
Driver's License	Enter the insured's driver's license number.
Date of Birth	Select the search criteria for the insured's date of birth from the drop-down box. Options are: • Date Range • Specific Date • Year The date selector tool will change depending on your date search criteria. Select a date or date range.
Age Group	Select the Age Group to which the individual belongs from the drop-down box. Options are: • Under 25 • 25-49 • 50-64 • 65+

The Insurance Info sub-tab

The **Insurance Info** sub-tab allows you to enter general search information.

The following information can be entered on the **Insurance Info** sub-tab:

Field	Meaning
Employer Name	Enter the name of the Employer if the insurance policy is through the employer.
Policy Number	Enter the policy number of the individual's insurance.
Claim Number	Enter the claim number associated with the complaint.
Does the insured have an attorney?	Select the **Yes** checkbox to limit your search results to individuals that are represented by an attorney for the incident of the complaint.
Is there any court action pending?	Select the **Yes** checkbox to limit your search results to individuals that are awaiting court action for the incident of the complaint.
Has this problem been previously reported to our Office or any other agency?	Select the **Yes** checkbox to limit your search results to individuals that reported the complaint at an earlier time.
If yes, to whom?	Enter the name of the individual to which the complaint had been reported.

The Producer sub-tab

The **Producer** sub-tab allows you to enter general search information about the producer that sold the insurance policy associated with the complaint.

The following information can be entered on the **Producer** sub-tab:

Field	Meaning
License Number	Enter the license number of the producer.
NPN	Enter the **National Producer Number** of the producer.
First Name	Enter the first name of the producer.
Middle Name	Enter the middle name of the producer.
Last Name	Enter the last name of the producer.
Suffix	Enter the suffix of the producer's name. For example, Jr. or IV.
Agency	Enter the name of the agency that the producer is affiliated with.
Address 1	Enter the first line of the producer's address.
Address 2	Enter the second line of the producer's address, if applicable.
City	Enter the city of the producer's address.
State	Select the state of the producer's address from the drop-down box.
Zip	Enter the zip code/postal code of the producer's address.
Phone	Enter the producer's phone number.

The Adjuster sub-tab

The **Adjuster** sub-tab allows you to enter general search information about the adjuster associated with the complaint.

The following information can be entered on the **Adjuster** sub-tab:

Field	Meaning
Adjuster Type	Select a type of adjuster from the drop-down box. Options are: • Claims Adjuster • Public Adjuster
License Number	Enter the license number of the adjuster.
NPN	Enter the **National Producer Number** of the adjuster.
Last Name	Enter the last name of the adjuster.
First Name	Enter the first name of the adjuster.
Middle Name	Enter the middle name of the adjuster.
Suffix	Enter the suffix of the adjuster's name. For example, Jr. or IV.
Company	Enter the name of the company that the adjuster is affiliated with.
Address 1	Enter the first line of the adjuster's address.
Address 2	Enter the second line of the adjuster's address, if applicable.
City	Enter the city of the adjuster's address.
State	Select the state of the adjuster's address from the drop-down box.
Zip	Enter the zip code/postal code of the adjuster's address.
Phone	Enter the adjuster's phone number.

The Misc sub-tab

The **Misc** sub-tab allows you to select various checkboxes to narrow your search *res*ults.

The following checkboxes can be selected on the **Misc** sub-tab:

Field	Meaning
Employed as Emergency Worker	Select the checkbox to limit your search results to individuals that are employed as emergency workers.
Has seen Adjuster	Select the checkbox to limit your search results to individuals that have seen adjusters about the complaint.
ALE Received or Expected	Select the checkbox to limit your search results to individuals that have received or expect to receive an ALE.
Special Needs or Medical Condition	Select the checkbox to limit your search results to individuals that have special needs or a medical condition.
Unsanitary or Unsafe Condition	Select the checkbox to limit your search results to complaints that are associated with an unsanitary or unsafe condition.
Irreparable Weather Intrusion	Select the checkbox to limit your search results to complaints that are associated with an irreparable weather intrusion.
Other	Enter any other search terms.

The Description sub-tab

The **Description** sub-tab allows you to enter the **Complaint Description** and **Fair Resolution**.

The following information can be entered on the **Description** sub-tab:

Field	Meaning
Complaint Description	Enter the description of the complaint entered by the individual that submitted the complaint.
Complaint Resolution	Enter how the individual submitting the complaint would like the complaint to be resolved.

The Signature sub-tab

The **Signature** sub-tab and allows you to filter by signed complaints and to select *the search criteria for the date the application was received.*

The following information can be entered on the **Signature** sub-tab:

Field	Meaning
Was a signature Provided?	Select the **Not Filtered** radio button to indicate that you do not want your results filtered by this. Select the **Yes** radio button to indicate that you want your results filtered by signed complaints.
Date Received	Select the search criteria for the date the application was received from the drop-down box. Options are: • Date Range • Specific Date • Year The date selector tool will change depending on your date search criteria. Select a date or date range.